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APPLICANTS

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** CONTINUING DATA **** yes HL
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** FOREIGN APPLICATIONS **** yes HL
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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Trials	BELGIUM	2	12	1

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TITLE

Calorimetric flow meter

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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